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Navy & Marine Corps Medical News  
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Contents for this week's MEDNEWS:

Headline: Entomologist's version of telemedicine helps Laotian child

Headline: Surgeons team up in model trauma sustainment program

Headline: Real training provided for Fleet Hospital Five staff

Headline: High school dedicates computer laboratory to Navy nurse

Headline: Performance improvement key to Yokosuka's high score

Headline: Pensacola first to complete Y2K equipment assessment

Headline: Jacksonville has a new pregnancy education program

Headline: Fifth annual recruit and trainee healthcare symposium

Headline: TRICARE question and answer

Headline: Healthwatch: New tests deliver health care to over-65 retirees

-USN-

Headline: Entomologist's version of telemedicine helps  
Laotian child

By LT Timothy Richardson, Medical Service Corps, Navy  
Environmental and Preventive Medicine Unit-6 Pearl Harbor

PEARL HARBOR, Hawaii -- While assisting members of Joint Task Force Full Accounting (JTFFA) during a recent Missing In Action or MIA recovery mission in a remote area of Laos, LT David M. Bartholomew, Medical Service Corps, used a digital camera to help a child by bringing nearly real-time medical consultation into a remote area.

Hearing that the MIA recovery team was nearby, a concerned Laotian mother walked 30 miles to bring her sick five-year old daughter to the American team. The child seemed to have a rapidly spreading facial infection that involved her mouth, gums, teeth and cheek. She was unable to eat, and she was dehydrated and malnourished.

While the team physician rendered medical care, the little girl's infection amazed Bartholomew, who is an entomologist with Navy Environmental and Preventive Medicine Unit-6. Because neither he nor the doctor on the team were sure what it was, Bartholomew decided that a specialist back in Hawaii might be able to help diagnose the ailment.

Bartholomew took a close-up digital snapshot and upon his arrival in Bangkok about 36 hours later, emailed the image

to CAPT Jim Beecham, Medical Corps, a specialist in infectious diseases, who is also the officer in charge at NEPMU-6 in Pearl Harbor, Hawaii.

Beecham reviewed the image and immediately sought a second opinion from CDR John Boyer, Medical Corps, a dermatologist at the Makalapa Medical Clinic, Pearl Harbor and from Maj. Julie Kenner, who is a dermatologist in the Army Medical Corps, stationed at Tripler Army Medical Center in Honolulu, Hawaii.

In a short time that same morning, they came to a diagnostic consensus with treatment recommendations. The infection was something called cancrum oris that is seen in malnourished children in developing countries. It is progressive and requires appropriate antibiotics and surgery.

This information was relayed back the same day to the team in rural Laos through a specialized communications link from JTFFA headquarters at Camp Smith, Hawaii. The team got transportation for the child to a Laotian hospital, and provided the Laotian medical staff with the diagnosis and treatment recommendations of the specialists in Hawaii. CAPT Beecham said, "It was LT Bartholomew's vivid digital image of that child on the computer screen that was so compelling. I dropped everything else that I was doing that morning to respond to the team in Laos with a timely diagnosis and treatment recommendations. "

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Headline: Surgeons team up in model trauma sustainment program

By Bradford Warner, Eastern Virginia Medical School

PORTSMOUTH, Va. -- A new trauma sustainment cooperative program has been initiated between Eastern Virginia Medical School and Naval Medical Center Portsmouth. This model may prove to be a cornerstone resource sharing initiative to maintaining the training and readiness of U.S. military surgeons during peacetime.

The program allows Navy surgeons to work alongside EVMS trauma surgeons during traumatic injury procedures. This symbiotic relationship provides Navy surgeons with the opportunity to practice critical skills necessary to treat the wide range of traumatic injuries that may occur in combat. In the current global environment, military conflict situations may occur rapidly and with little warning. Trauma sustainment and emergency surgery proficiency are critical to response efforts by mobile medical teams and fleet hospitals.

"We asked ourselves how we could improve trauma readiness of active duty general surgeons," said CAPT William Liston, Medical Corps, head of general surgery at NMCP. "We want to decrease the learning curve surgeons require to get up to speed."

Liston and Frederic Cole, M.D., professor of surgery at EVMS came up with the idea of a cooperative program in the

Hampton Roads area.

Trauma centers such as Sentara Norfolk General Hospital's Level I Center, staffed by EVMS surgeons, regularly see a variety of traumatic injuries. After completing his Navy career, Cole joined the EVMS faculty in 1997. His knowledge of Navy protocol and position in academic medicine provided him with the background to initiate and oversee the EVMS/Navy program.

"We began actively training military surgeons one year ago. The relationship of EVMS and the Naval Medical Center has been long standing. There has been close collaboration in terms of residency training as well as undergraduate medical education," Cole said. "It seemed a natural progression when trauma sustainment became an issue in the military that we develop a program here as an extension of the preexisting collaboration."

The program has been identified by the Department of Defense (DOD) as a demonstration project for military trauma sustainment facilities throughout the United States. Personnel from the DOD and Government Accounting Office have visited EVMS to critically evaluate the mechanics of the program.

Six active duty surgeons rotated through the program last year. Six more surgeons will enter the program in 1999. Future groups may include doctors serving in the reserves as well as some from other branches of the military.

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Headline: Real training provided for Fleet Hospital Five staff

By Judith A. Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Yeoman Second Class Patricia Pilkington, US Coast Guard, recently established a Navy medical first in December, when she became the first person in the continental United States to have patient care within the canvas confines of a Fleet Hospital training tent. The staff of Fleet Hospital Five, the expeditionary arm of the brick and mortar parent facility, Naval Hospital Bremerton, set the precedent while working on Pilkington's left clavicle or so-called collar bone.

The operation had great significance for realism in training and helping the medical team maintain its readiness, according to CAPT Dan Snyder, Medical Service Corps, Fleet Hospital Five's commanding officer.

"This is the culmination of the dream and it is unprecedented in the Navy," Snyder said. "Other hospital's have Fleet Hospital structures set up for training exercises, but we are the first to provide patient care."

Snyder said that there is no substitute for treating personnel in the deployment environment.

"If we are going to ask our medical personnel to pack up and go to anywhere in the world, marry up with a similar

deployable tent hospital, set it up and begin patient care within ten days, we have got to provide them with the hands-on training to do their jobs," he said.

Senior Chief Hospital Corpsman Jerry Meneses, who has been instrumental in setting up and preparing the tent-based treatment facility, said that while the concept of real patient care in the on-site training facility is exactly opposite to what is normally done in training scenarios, it is actually forward thinking.

"Normally we take our personnel out to the field and conduct training on simulated patients with simulated field scenarios," said Meneses. "Everyone knows this is not impossible, nor difficult to achieve. But our training, done in garrison in a simulated field environment, using real situations, develops our skills allowing us to be ready for an operational mission should duty call. This is better than striking gold in your back yard."

According to Snyder, patient care in the Fleet Hospital Five training set will be provided solely to volunteer active duty patients at this time. Thanks to volunteer patient, Pilkington, the process of patient care in a tent, is underway, and all agree the shakedown cruise for Fleet Hospital Five went well.

"The whole routine went smoothly, from intake to discharge," said Capt. Dana Covey, Medical Corps, the executive officer of Fleet hospital Five and Pilkington's orthopedic surgeon. "The crew was great. It was really fun and I saw some very ingenious solutions to the few small problems that did arise."

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Headline: Performance improvement key to Yokosuka's high score

By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- In mid December, surveyors from the Joint Commission for Accreditation of Health Care Organizations or JCAHO surveyed the US Naval Hospital Yokosuka and awarded its staff a score of 99, with no recommendations for changes.

According to the inspection team, the hospital's score was the best for any military hospital in the Pacific during this inspection cycle. The surveyors said that the Yokosuka Military Treatment Facility was clearly in the top echelon of all hospitals, not only in the military but also in the entire United States.

The inspection is conducted once every three years at military hospitals to ensure the staff and facilities are meeting standards. Those standards include patient assessment, care and privacy; safety; ethics; and performance improvement, among others.

According to CAPT Jack W. Smith, Medical Corps, the hospital's commanding officer, "The surveyors said that in many areas we set the standard and that some of our programs were the finest they'd ever seen."

Smith said the hospital's success begins with dedicated professionals committed to excellence in health care.

"Our success is due to teamwork, with everyone in the command working together and pursuing the same goals to achieve optimal readiness and comprehensive health care services," he said. "The customer is our focus and continuous quality improvement is what we live and breathe."

The surveyors visited most areas of the hospital as well as Branch Medical Clinic, Atsugi. In addition to their visits and meetings, they conducted a review of documents, medical and training records and credentials. Interviews were held with the executive steering committee, medical staff leadership, environment of care committee, and labor and delivery department staff.

"Everywhere we've gone we've been met with enthusiastic staff," said Dr. George Beddingfield, a member of the reviewing team. "They were absolutely eager to strut their stuff, and we have seen overwhelming evidence of performance improvement."

"One thing our patients should know is that this survey is completely voluntary," said CDR Gayle Frevert, Nurse Corps, head of the accreditation compliance team. "The Joint Commission is a civilian organization that gives us a level playing field to compare how we are ensuring quality of care. The bottom line is our customers can see they're getting the same level of care as they'd be getting in the best civilian hospitals."

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Headline: High school dedicates computer laboratory to Navy nurse

By LT Youssef H. Aboul-Enein, Medical Service Corps, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Last year Navy Medicine lost LCDR Catherine G. Segni, Nurse Corps, to bone cancer. She was remembered as an officer with a passion and dedication for teaching and improving corpsmen and junior officers of all medical corps.

Her legacy of devotion to others continued last week as St. Benedict's High School in Chicago, Ill., opened the Gilger-Segni Computer Lab, given both her maiden and married names, in honor of the Navy Nurse Corps and the former graduate of the school.

Enrique Segni, LCDR Segni's husband, worked with his church, community and LCDR Segni's best friend and classmate, Mary Knepper, in a year-long fund raiser in his late wife's name that netted the school \$15,000. The money purchased 35 new computers for the school's new computer lab.

Segni said of his late wife, "LCDR Segni was immensely proud of her association with the Navy Nurse Corps, and we wanted to do something that reflected her dedication to hard work and education, which were qualities she instilled among corpsmen and junior officers."

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Headline: Pensacola first to complete Y2K equipment assessment

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola is the first Navy medical installation to complete an initial Y2K assessment of all medical equipment for the Navy's Bureau of Medicine and Surgery (BUMED) Year 2000, better known as Y2K, Management Plan for Medical Devices' program.

The Department of Defense tasking for military medical commands is to ensure all patients and staff at military treatment facilities are not adversely affected by medical devices that are not Y2K compliant, according to CDR Richard Foster, BUMED Y2K coordinator.

Medical personnel at Naval Hospital Pensacola realized the importance of their Y2K tasks. Medical equipment maintenance is a vital and intricate part of saving lives and aiding physicians in determining the best treatment, diagnosis, and emergency care.

"We did our review very well," said LT David Dula, head of Materials Management at the Naval Hospital. The hospital submitted its information to Chief Hospital Corpsman Larry Shamblin, Y2K Project Officer at Naval Medical Logistics Command, Fort Detrick, Md., said LT Dula, and "our info is going to be used as a template for other Navy medical commands to assist them in their initial assessments."

The Naval Hospital's Biomedical engineering staff "scrubbed through" 9,600 equipment records over the past two months and have determined that 90 percent of the 4,500 pieces of medical equipment identified would be Y2K compliant, according to Senior Chief Hospital Corpsman Richard McManis, leading chief petty officer of Biomedical Engineering.

And after looking at all of that equipment, the hospital will take other steps to give its customers confidence that Y2K concerns have been addressed.

"We want to make sure the patients here are getting the best available care, and if those patients had a concern whether equipment would work in the year 2000, we'll be placing Y2K compliant stickers on all our equipment that has been checked out," Dula said.

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Headline: Jacksonville has a new pregnancy education program by JO3 LeaVonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville has implemented a new Prenatal Education Program making infant health and safety information more accessible for expecting parents.

The program is a new customer service initiative designed to support patients throughout their pregnancy and supply important information and materials to properly care for their newborn.

In the past, patients needing prenatal information would attend several courses that could take multiple trips to the hospital to complete. With the new improvements, the program provides better information and quality material in a more consistent and condensed manner.

"The hospital has always provided classes for our expecting parents, but there were several improvements that were needed. With the enhancements that we have added to the program, attending the classes is much easier," said LT Casey Adams, Nurse Corps, the division officer in the hospital's Obstetrics/Gynecology Clinic.

The classes are divided into first, second and third trimester sessions, which conveniently provide important information during each stage of pregnancy.

For instance, the first trimester class is presented like an orientation. Patients receive basic information such as how to use sick call and schedule appointments. General TRICARE material is also provided, as well as details concerning proper nutrition for both mom and baby.

"We encourage women to make an appointment for the orientation class, as soon as they know they're pregnant. We also encourage women that are new to the area, regardless of how far they are in their pregnancy to attend the class," informed Adams.

The second trimester session offers a special class called Baby Bootcamp. Patients receive general information on caring for their new baby and a hands-on demonstration, such as feeding, bathing and changing diapers that should prove popular with first time parents. Parents also get plenty of goodies like a seabag layette, a book called "What to Expect the First Year" and a bag of home safety products from the DuVal County Health Department.

Other classes included in Baby Bootcamp are Navy Relief budgeting for Baby Class, a free American Red Cross infant cardiopulmonary resuscitation certification class, breastfeeding information provided by the hospital's lactation consultant and home safety and injury prevention class.

The third trimester class prepares moms for their approaching delivery. This class includes a tour of the hospital's labor and delivery unit, baby nursery, and a meeting with one of the hospital's anesthesiologists.

According to Adams, a more informed parent has a better pregnancy. "We have learned from medical research that patients who receive prenatal education tend to have fewer problems with pre-term labor, take less sick days and have healthier babies."

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Headline: Fifth annual recruit and trainee healthcare symposium

The Marine Corps is sponsoring the 5th Annual Recruit and Trainee Healthcare Symposium at Parris Island, S.C., from April 28, through May 1. This symposium, hosted by Naval

Hospital Beaufort South Carolina, is for all health care providers, researchers, support personnel, and others interested or involved in recruit and training medicine among all services.

The purpose of the symposium is to present information, promote the exchange of ideas, and stimulate further research.

Those interested in presenting or participating in a poster session should contact CDR Scott Flinn, MC, USN, at Beaufort Naval Hospital at 843-525-3177, DSN 832-3177 or email: bfhl sdf@bfhl0.med.navy.mil, by January 15.

Also, to ensure that the necessary logistic arrangements are made, please indicate by email to CDR Flinn your interest in attending this symposium. A registration form will then be forwarded to you in the near future with all lodging and transportation information.

Topics include but are not limited to:

- Accessioning
- Infectious Disease
- Mental Health
- Attrition
- Sports Medicine
- Ergogenic Aids
- Wellness and Health Promotion

Those interested in making presentations should contact the following personnel for abstract forms or general information. Please note the area code in Beaufort SC is 843 and DSN prefix is 832.

General Information, Logistics, and Forms:

LT Richard Martin 525-2979 email:  
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Poster Information:

LTJG Leland Frataccia 525-2811 email:  
bfhlrgm@bfhl0.med.navy.mil

Abstract submission deadline is March 1.

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Headline: TRICARE question and answer

Question: Is there a website or some other place that will tell me where to file claims for all TRICARE regions?

Answer: Go to web site <http://www.tricare.osd.mil>, Look under the beneficiary resources, then under claim filing. There will be a map, which you can use to get to the proper region.

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Headline: Healthwatch: New tests deliver health care to over-65 retirees  
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Two new TRICARE demonstrations promise expanded health care at least temporarily to thousands of military retirees and eligible family members over age 65. The TRICARE umbrella now extends to military retirees under age 65 who for years couldn't get precious "space-available" appointments at military clinics. Retirees over 65 were left out until DoD started its first test, TRICARE Senior Prime, on Sept. 1, 1998 -- and immediately attracted more than 21,000 eligible retirees and family members. This year, Congress has mandated DoD start two more demonstrations. Up to 66,000 beneficiaries will be able to participate in the second test, which will involve obtaining medical care through the civilian Federal Employees Health Benefits Program. Still others may get in on the third, a "Medigap" supplemental coverage test. DoD also is looking at how to provide pharmacy services to over-65 retirees. The over-65 population "still presents a challenge for TRICARE," said Executive Director Dr. James Sears. But the trio of three-year demonstrations, particularly Senior Prime, show great promise, he said. The tests, known collectively as "Medicare Subvention," allow the military facilities providing over-65 senior care to recoup expenses from Medicare. Current rules don't allow such reimbursements -- facilities provide care to the seniors at their own expense. "We'd like to see that the demonstrations are very successful the first year and then expand them to the entire eligible population without waiting the full three years," Sears said. He and his staff are optimistic they'll accomplish this goal partly because of the way Senior Prime was organized. "The Military Health System did a great job putting the demonstration together and standing it up," said Air Force Lt. Col. Frank Cumberland, communications and customer service director for the TRICARE Management Activity. "The job our medical people did across the country getting their programs certified has been really amazing." The federal government's Health Care Financing Administration visited and certified each of the six sites selected for the Senior Prime demonstration, Sears said. "They were very impressed with how well organized the effort was. It reflects the integrated effort by the services, treatment facilities, TRICARE regional lead agents and contractors to put the program together." Sears said he's even more impressed with how the demonstration is going. "We're very excited about the approach the sites are taking to care for these people," he said. For example, Balboa Naval Hospital in San Diego set up "one-stop shopping" for demonstration participants in

Southern California.

"They set up pulmonary, cardiology, lab, X-ray and pharmacy services in one area, then bring in groups of patients, brief them about their health care and try to not let them leave without at least getting a flu shot," Sears said. "They've taken a very detailed approach to managing the care for these folks."

Before Senior Prime began, elderly patients could not expect continuity of care -- assuming they could get a space-A appointment to see a military doctor.

"What they've now put together is a managed approach to keep these folks healthy and anticipate their health care problems," Sears said. "With this kind of approach, we think Senior Prime is going to be very successful."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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